| (x) multiply            |  | Outlier calculation  |   |
|-------------------------|--|--|---|
| (x) multiply            |  | Outlier calculation  |   |
| (x) multiply            |  | Toumer calculation   |   |
|                         |  | Cathor Carcalation   |   |
| (=)                     | Allowed Charges  |  |   |
|                         |  | 0.50   | (x) multiply  |
|                         | Statewide Contratio  | -  | (=)   |
|                         | Outlier Threshold on DOS   |  | (-) subtrac   |
|                         | Cather Thresheld on Bee  | _  | (=)   |
|                         | marginal cost outlier  | 0.60   | (x) multiply  |
| ` '                     |  | 0.00   | (=)   |
| . ,                     | cost outlier due   |  | (-)   |
| (-)                     |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
| n the entire claim NO   | T on each sonarate claim   |  |   |
| ir the entire claim, NO | or on each separate claim.   |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
| il Recipient Eligil     | oility DRG Calculation   |  |   |
| and crossover claims    | where Medicare has not paid  |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
|                         |  |  |   |
| ` '                     |  |  |   |
| ` '                     |  |  |   |
| (=) Amount Due is       | the lesser of this line or the Gros  | s DRG Amount   |   |
| (-) subtract            |  |  |   |
| (-) subtract            |  |  |   |
| (=)                     |  |  |   |
|                         | (+) plus (=) (+) plus (=) (-) subtract (-) subtract (=)  In the entire claim, NO  Al Recipient Eligiland crossover claims (and crossover claims (but in the entire)  (/) divide (x) multiply (=) Amount Due is (-) subtract (-) subtract | (+) plus Statewide CCR ratio  (=) (+) plus Outlier Threshold on DOS (=) (-) subtract marginal cost outlier (-) subtract cost outlier due  (=)  In the entire claim, NOT on each separate claim.  In the entire claims where Medicare has not paid  (/) divide  (x) multiply (=) Amount Due is the lesser of this line or the Gros (-) subtract (-) subtract (-) subtract | (+) plus   Statewide CCR ratio   0.50   (=)   (+) plus   Outlier Threshold on DOS   (=)   (-) subtract   marginal cost outlier   0.60   (-) subtract   cost outlier due   (=) |

|  |                           | DRG Transfer Calculation |             |                              |                           |              |
|--|---------------------------|--------------------------|-------------|------------------------------|---------------------------|--------------|
|  |                           |                          |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
| Gross DRG Amount (calculation from a Avg length of stay on DOS | above)                    | (A) aliasi al a          |             |                              |                           |              |
|  |                           | (/) divide               |             |                              |                           |              |
| Per diem amount  |                           | (=)                      |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
|  | 1at day of atox           |                          |             |                              | aubaasuant dava           |              |
| Per diem amount  | 1st day of stay           |                          |             |                              | subsequent days           |              |
| two times  | 2                         | (x) multiply             |             | Per diem amount              |                           |              |
| 1st day total  |                           |                          |             |                              |                           | (v) multiply |
| ist day total  |                           | (=)                      |             | # of subsequent days         |                           | (x) multiply |
|  |                           |                          |             | Subsequent days total        |                           | (=)          |
| Δm   | nount due to transferring | n hospital               |             |                              |                           |              |
| 741  | lount due to transferring | Tioopitai                |             |                              |                           |              |
| 1st day total  |                           |                          |             |                              |                           |              |
| Subsequent days total  |                           | (+) plus                 |             |                              |                           |              |
| Total due transferring hospital                                |                           | (=)                      |             |                              |                           |              |
|  |                           | ,                        |             |                              |                           |              |
| Co-Pay?  |                           | (-) subtract             |             |                              |                           |              |
| TPL?   |                           | (-) subtract             |             |                              |                           |              |
| Reimbursement  |                           | (=) Subtract             |             | Discharging hospital is pa   | id full DRG less any co   | nay or TPI   |
| itembarsement  |                           | (-)                      |             | Discharging hospital is pa   | id fall DIVO 1033 arry co | pay of 11 L  |
| Crossovers where client exhausts Med                           | dicare benefit (including | Lifetime Rese            | erve days): | Split claim and bill from th | e date the Medicare be    | nefits were  |
| exhausted. Claim will be reimbursed a                          |                           |                          | - ,         | ,                            |                           |              |
|  |                           |                          |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
|  | PPS (                     | CCR Calcu                | lation      |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
| Allowed Charges  |                           |                          |             |                              |                           |              |
| Hospital Specific CCR on DOS*                                  |                           | (x) multiply             |             |                              |                           |              |
| Gross Payment due  |                           | (=)                      |             |                              |                           |              |
| No outliers or add-ons allowed                                 |                           |                          |             |                              |                           |              |
| Total due on claim   |                           | (=)                      |             |                              |                           |              |
| Co-Pay?<br>TPL?  |                           | (-) subtract             |             |                              |                           |              |
| TPL?   |                           | (-) subtract             |             |                              |                           |              |
| Reimbursement  |                           | (=)                      |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
| * 1=HS CCR   |                           |                          |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |
|  |                           |                          |             |                              |                           |              |